# Newsletter June 2026

Kufambatose Foundation

Progressing together

Dear readers,

We would like to update you on the key developments from the past year at the Kufambatose Foundation and our local partner organization, Trust Kufamba Tose, in Zimbabwe.

As a foundation based in the Netherlands, we continue to support Trust Kufamba Tose through an active partnership. Our project coordinator, Willemijn Simons, maintains weekly contact with the project manager and the local team in Zimbabwe.

Willemijn guides the Trust in making its own annual plans, its own financial administration, developing into independent applications for (local) donations, etc. This with possible additional support from our other board members in the Netherlands. In this way we try to bring the local Trust to more independence in the long term. Contact is mainly via WhatsApp, email, and video calling – if the available internet connection in Zimbabwe allows it.

As described in our 2025 annual report, the Kufamba Tose Trust in Zimbabwe, with the support of the Kufambatose foundation, is investigating the possibility of introducing the **Inspire2Care model**. We would like to tell you more about this Inspire2Care model in this newsletter.

Furthermore, a piece about the treatment of clubfeet, and feedback about the project trip last May.
Finally, some activities of the Foundation here in the Netherlands.

We hope you enjoy reading again!

## Inspire2Care

Inspire2Care is a structurally organized transition to health care supported by the central and local governments, both organizationally and financially. For the Kufambatose Netherlands Foundation, this means that there will be an exit strategy. This approach also has potential for collaborations with large international funds. With this, the Kufambatose Foundation now supports two projects that run in parallel; continuation of the current Rehabilitation Care project and a pilot project of Inspire2Care, in which if it works, the rehabilitation project can be merged.

### Initiation of the Inspire2Care project

Willemijn encountered the Inspire2Care model of the Karuna Foundation Nepal, which is now being implemented and executed in various countries in Africa (especially East Africa). The implementation of this model takes place in the form of the Disability Prevention and Rehabilitation Program (DPRP). This focuses on both prevention and rehabilitation of disabilities, with a strong emphasis on Community-Based Rehabilitation (CBR). DPRP focuses on supporting the government in implementing their policies on people/children with

disabilities in collaboration with the local community. Involving the local communities is essential in this.

Target groups of the DPRP are:

- Children and young people with disabilities and their families.
- Women of reproductive age (15-49 years), with a focus on pregnant women.
- Special attention for children under 2 years of age: the so-called first 1000 days from conception to the age of 2 years

In May 2025, it was decided to invest in knowledge regarding the DPRP program.

Deborah, Willemijn and Samson on their way to Tanzania.

At the end of June 2025, Samson, the Trust's project coordinator, Deborah, the Trust's project administrator, and Willemijn attended a one-week training course in Kagera, Tanzania. The training aimed to strengthen capacity for inclusive, participatory and sustainable rehabilitation strategies for people with disabilities.

Samson Mazivazvose then completed an additional nine-week DPRP Training of Trainers (TOT) programme. The training included interactive workshops, case studies, discussions, demonstrations and role-plays, as well as pre- and post-assessments to measure the knowledge gained.

The training led to a roadmap for action, with an emphasis on themes such as "cost-sharing", "leave no one behind" and "treat every child like yours". As part of this course, the Kufamba Tose Trust has refined its own strategy and made action plans.

This led to a project plan, the "pre-preparation phase" of DPRP, to look at the possibilities of whether and how the Trust can implement the DPRP. This project plan has been submitted to other donors of DPRP in the Netherlands. This pre-preparation phase is currently underway.

The project plan includes making a baseline of the structures and policies that exist nationally and at district level in Zimbabwe regarding people with disabilities. The Trust is guided in the preparation and implementation of this plan by Willemijn as Technical Advisor. See also the report of the project trip below. Willemijn in turn seeks

cooperation with other Dutch organizations that have been working with DPRP for several years.

After the pre-preparation phase, an evaluation will take place during 2026. Based on the results, decisions will be made about the further implementation of the DPRP in the coming years, including the involvement of the local community and government.

Together, these steps show clear progress towards sustainability, with concrete milestones that lay the foundation for meaningful implementation in the years ahead.

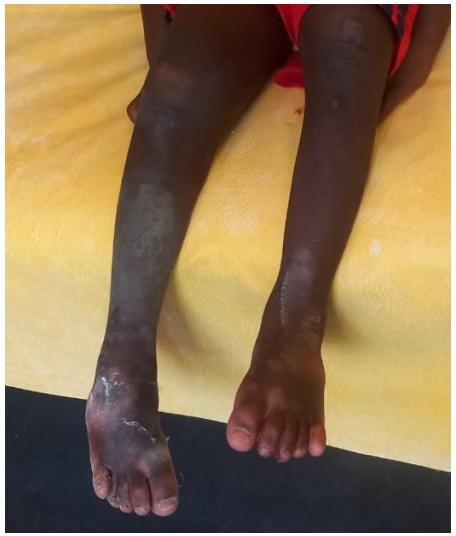
## Rehabilitation care project: Clubfoot clinics

In this newsletter, we would like to take a closer look at the treatment of clubfoot.

As you may have read in the 2025 annual report:
“In 2025, 47 clubfoot treatments were provided. Most children were seen monthly. These treatments help improve future mobility, including access to school, which is often far from home.”

Young baby with double-sided clubfoot

In plaster



Somewhat older boy, intermediate phase in plaster period

End result: I can wear normal shoes!

These clinics are supported through sponsorship from Kiwanis Roermond.

Clubfoot is treated using the *Ponseti method*. This involves gradually correcting the position of the feet by applying casts step by step.

Usually, this is done weekly. Within the project, however, treatment takes place once every two weeks, as many parents live far from the hospital and weekly travel would be too demanding. In some cases, the rehabilitation technician visits the child at home to monitor progress or replace the cast.
The full course of treatment can last from several months to one year.

The duration depends on the severity of the clubfoot, how well it can be corrected, and the age at which treatment begins. The older the child is at the start of treatment, the longer the process usually takes.

After the casting period, once the feet have been brought as close as possible to a normal position, a minor procedure is often needed to release the Achilles tendon. This is done in collaboration with Cure Hospital in Bulawayo, a children's orthopaedic hospital. As follow-up treatment, the child wears a night splint with shoes attached for a period.

Most children now start treatment as babies, because Village Health Workers are increasingly alert to abnormal foot positions.

# Project trip May 2026

From 13 to 23 May, Willemijn made a working visit to Zimbabwe.

## Implementation of the Inspire2Care project

The visit focused mainly on discussing the pre-preparation phase of the DPRP programme with the Trust members, including the district-level studies already carried out. To support this process, Willemijn watched and discussed a webinar on decolonisation, local ownership and localisation with Samson, the Trust's project coordinator, and Deborah, the Trust's project administrator.

In addition, two important meetings took place.

During the online meeting.

First, there was an online meeting with the initiators of the Inspire2Care and DPRP programme. During this meeting, progress so far was reviewed.

Secondly, an extensive meeting was held with stakeholders from Zaka district, including representatives from education, health care and social services, as well as several responsible officials. Samson gave a presentation on the work of Trust Kufamba Tose, and Willemijn presented the Inspire2Care/DPRP approach.
The meeting raised thoughtful questions, and the first impression was that there is broad interest in working together.

Stakeholder meeting

The stakeholders were pleased to have found a partner who can help them give shape to the so-called “Disability Act 2025”. National ministries have been instructed to prepare budgets for policies that integrate the needs, concerns and experiences of people with disabilities into local social, economic and political processes. In this way, the Inspire2Care programme could be developed in the district together with the Trust.

The members of Trust Kufamba Tose are actively developing and promoting their work in various ways. Their aim is to improve care and living conditions for children with motor disabilities, increase understanding, and strengthen acceptance and ownership within the community.


## Prevention

Samson and Willemijn also spoke with the head nurse of the maternity department at Musiso Hospital in Zaka district. Their discussion focused mainly on how much attention is given to preventing disabilities in children through early identification, including the AT-RISK sticker programme.
The AT-RISK sticker system is designed to support the early identification, referral and care of children with disabilities in Zimbabwe. It is an initiative of the Ministry of Health and Child Care.

According to the hospital director, many children are born at Musiso Hospital: around 200 each month. In 2026, there have already been 800 births, including two stillbirths.

Mothers come to Musiso from a wide surrounding area. At present, Musiso Hospital offers the best maternity facilities in the region, partly because medicines are available and affordable through its collaboration with SolidarMed.

This also creates challenges. There is limited space in the waiting area for expectant mothers, with room for no more than 30 women. There are also too few midwives: only five in total, two of whom are experienced. Musiso has just one ultrasound machine.

Taken together, these circumstances increase the risk of disabilities among children, due to insufficient care before, during and shortly after birth.

In the next phase of the DPRP, the preparation phase, it would therefore be useful to train midwives and nurses from Musiso and Ndanga hospitals in preventing disabilities around birth and recognising them early after birth.

## Rehabilitation care project: Support group in Jerera

Together with Deborah, Willemijn visited Mai Faith, meaning “mother of Faith”. Mai Faith is a board member of the Trust and the mother of Faith, a ten-year-old girl with severe disabilities and hydrocephalus. Faith’s medical condition is currently stable. She can lie down independently and appears to listen to what is happening around her.

At Mai Faith’s home. Faith lies on the floor, listening.

Mai Faith leads a support group of 16 mothers and their children with disabilities. The group meets every month. Ten members contribute financially to support the group's activities, helping to create a more self-sustaining system despite the difficult economic circumstances they all face.

Mai Faith is also regularly present at the neuromuscular workshops held at Musiso Hospital. There, she supports the Trust's rehabilitation team and encourages the mothers who attend, guiding them in what they can do with their children.

Deborah and Mai Faith regularly share their experiences and the challenges they face as mothers raising children with disabilities.

## Special conversations

In conversations with Samson, the Trust's project coordinator, and Deborah, the Trust's project administrator, it became clear once again how deeply they are affected by the situations faced by the parents of children in the project. Samson shared that a child had recently died a few weeks after the child's mother had called him. She had told him she wished her child would die, because she felt so helpless and was close to burnout. During their conversation, Samson tried to encourage her to accept her situation and find the strength to continue for her child. Samson does not know why the child died, but the experience continues to stay with him. Later that week, Deborah also reflected on this issue and stressed the importance of peer-to-peer coaching in such situations, drawing on her own experience as a single mother of a child with a disability.

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# Activities of the Kufambatose Netherlands Foundation

In the Netherlands, we are actively working to raise funds to support Trust Kufamba Tose in Zimbabwe, both for the rehabilitation care project and for the implementation of the Inspire2Care project. At present, this requires €50,000 per year. The Inspire2Care project will require additional funding in the coming years, until greater independence has been achieved and a cost-sharing model provides more local responsibility and financial capacity.

We would like to thank the larger funds and donors, as well as all individual donors. Every contribution matters!

Ekiden relay marathon

We would like to highlight two fundraising activities from the past year. Last April, we took part in the Wilde Ganzen Wilde Week campaign. A team from the therapy department of Isala Hospital in Zwolle, where Corita works, joined the Ekiden relay marathon and raised several thousand euros. We also received several thousand euros through other crowdfunding efforts. Wilde Ganzen doubled these amounts.

Wilde Ganzen doubles the proceeds of the Ekiden relay marathon

In addition, we took part in the **Landelijke Vastenactie Eigen Doel** campaign in three churches in Nuenen and one church in Veldhoven. Anne-Miek spoke during several church services, focusing especially on the three-day workshops. We also set up an information board with photos at the back of the church. The response was very positive, and the target amount was reached with ease. The Landelijke Vastenactie increased the amount raised by 50%.

In January, we helped at the Vincentius book fair in ’s-Hertogenbosch, from which we also received a donation.

At the Vincentius book fair in ’s-Hertogenbosch

## In conclusion

We hope you have appreciated learning more this time about the work of our local partner organisation, Trust Kufamba Tose in Zimbabwe.

Over the past year, Trust Kufamba Tose has continued to grow as an organisation and to move towards greater independence. At the same time, the work on the ground — caring for children with disabilities and their families — has continued without interruption. Once again, we witnessed the passion with which the local care workers do their work, despite the many challenges they face in a country such as Zimbabwe. We greatly admire their commitment.

# Kufambatose Foundation

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We hope we will continue to inspire one another to keep going.

If you would like to know more about us or our project in Zimbabwe, please visit our website: www.kufambatose.eu. Perhaps, after reading this newsletter, you would also like to contribute to the work of the foundation. We are grateful for all forms of support, financial or otherwise.

The Kufambatose Foundation is registered with the Dutch tax authorities as an ANBI (Algemeen Nut Beogende Instelling) a public benefit organisation. This means that donations may be eligible for income tax deduction. For more information, please visit our website or the website of the Dutch tax authorities.

Ja, ik wil doneren!
**Stichting Kufambatose**
**NL14 TRIO 0379 2082 88**
**Triodos Bank, Netherlands** Swift: **TRIONL2U**

Your financial support will go entirely to the project.

Sincerely,

Board of the Kufambatose Foundation – Progressing Together